MAHARASHTRA UNI VERSITY OF HEALTH SCIENCES, NASHI K (TO BEFILLED BY THE UNIVERSITY OFFICE)

	.R.NO/20					Date:/20			
		APP		R MIGRATION CE I in by the Applic		Photograph attested By Dean/ Principal of The College			
1)	Full Na	ıme in Block let							
	A.Dr./Shri./Smt.:								
	B.Name before marriage:								
2)	Address for correspondence:								
						IDE:			
2)	Telephone No.:								
3)	гегер	none No.:		Mobile inc).:				
4)	Univer	sity to which th	e applicant desir	es to migrate:					
5)	Name	of the College t	o which applican	t desires to join:					
6)	Faculty	to which appli	cant desires to jo	oin:					
7)	Mode o	Mode of getting Migration Certificate(Tick out preferred option)							
	a.	By-Registered/	Speed-Post	Fees- Rs.1500)/-)				
	b.	b. Urgent/Speed-Post (Fees-Rs.1500/- + Add.Rs.500/- = Total Rs.2000) (The prescribed <u>fees pay through on line portal</u> or through RTGS available on University website <u>www.muhs.ac.in</u> , https://ipaportal.in.wordline-solutions.com/MerchantPortal/login)							
	c. MUHS Receipt No Date/20								
	d. Name of the Bank and Branch								
8)	Name of the Last College with date of leaving: (Pleasefurnish Original copy of Transfer/Leaving Certificate)								
9)	Applicant had appeared University Examination, if any, but failed:								
10)	Details	of Degree Exa	mination passed:						
Name of the University		Course	Examination	Month & Year	Seat No.	P.R. No.			
M.U.H.S.			Final						
		ed photocopy of med photocopy of Ur		L Completion Certificate	e (if applicable)				

- 11) Applicable to Govt/Corp. College students only: The candidate who has signed a bond with the College has to submit an undertaking in original in the attached format. (https://www.muhs.ac.in)
- 12) If Transfer/ Leaving Certificate issued by the College is prior to current academic year, then the candidate must submit "Affidavit Gap Certificate", in original, stating that no admission has been claimed in due course of time on the Transfer/Leaving Certificate issued by the College.
- 13) In case Original Transfer/ Leaving Certificate is lost, a candidate can submit Duplicate Transfer/ Leaving Certificate, however, it must be duly supported by Original F. I. R. copy & Affidavit towards loss of Original Transfer/ Leaving Certificate on Rs. 50/stamp paper in original.

14)	Other particulars,	if any:
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I have carefully gone through University rules on the subject and have completed all the Formalities mentioned therein. It is hereby declared that I shall be held responsible for any error, omission, deletion in the entry of this application form & nothing has been concealed.

Note: Incomplete Application will be rejected and no correspondence will be made by the University in this behalf.

CHECK LIST FOR THE CANDIDATE (TO BE ATTACHED TO THE APPLICATION) Put as applicable

01 Application form duly complete & signed by the applicant YES/NO Photograph affixed on the application and is signed by the Dean/Principal 02 YES/NO 03 Online MUHS fees Receipt. YES/NO 04 Original Transfer/ Leaving Certificate YES/NO 05 Attested photocopy of Final year Mark-Sheet. YES/NO 06 Attested photocopy of University Internship Completion Certificate, if any YES/NO Original Affidavit by a bonded candidate of Govt. / Corp. College, if any 07 YES/NO Letter/Undertaking of Applicant's College Authorities in Original 80 YES/NO 09 Original "Affidavit Gap Certificate", if any YES/NO 10 Incase Duplicate Transfer/Leaving Certificate is submitted, a) Original F.I.R copy YES/NO b) Original Affidavit towards Duplicate Transfer/Leaving Certificate YES/NO

Letter / Undertaking of Applicant's College Authorities with certification

To The Registrar, Maharashtra University of Health Sciences, Vani Road, Mhasrul, Nashik-422004

Sub.: Issuance of Migration Certificate.... Sir, Application of Dr./Shri./Smt......of Migration Certificate is Received by the College &on perusal of College records, it is verified as under: • The candidate is bonafide student of our College & is enrolled with MUHS. • As per College Register, date of birth of the candidate is..... • The candidate has been admitted to our College on...... & left on...... • Transfer/ Leaving Certificate is issued to the applicant on...... & is enclosed herewith in Original. No Transfer / Leaving Certificate is issued to the applicant prior to this date. • It is certified that applicant has not submitted any application for Migration Certificate prior to this date. Yours faithfully, Place:.... Signature:..... Date:.... Principal......College.

College Seal

Applicable to Govt. / Corp. Colleges for Bonded students only

Undertaking (Specimen)

	I,daughter/son/wife of Shri							
	Indian in habitant, resident ofdo solemn							
	affirm and state as under:-							
1.	That, I was a bonafide student offromfrom							
	toI have passed Final Examination fro	m Maharashtra University Health Sciences						
	Nashik held in							
2.	That, I had left Coll	ege on, afte						
	completion of Internship Training.							
3.	That, I require Migration Certificate from Maharash	ntra University Health Sciences, Nashik for						
	my further admission atCollege/ University inCourse.							
4.	That, I am a bonded student at the time of admission and therefore I will not leave India with							
	in period of Years from the date of obtaining the MBBS/BDS/BAMS/BUMS/BHMS/ALLIED							
	Degree or I will pay bond money as per rules.							
	Whatever stated here in above is true and c	orrect.						
Place	:							
Date:		Signature of Candidate						
	Verification							
	That, I further declare that contents of the above a	ffidavit /undertaking are true and correct						
	and in trueness of it, I have signed below this verif	ication.						
		Please Photo attested by Executive Magistrate						
	ified By-							
I kno	w the Candidate & he/she is the same.	Signature of Candidate						

Duly signed & stamped with seal before Executive Magistrate

Undertaking

FORM "A"

Applicable to students only who submitting the Leaving / Transference Certificate with Specifically Marked with "ISSUED ONLY FOR MIGRATION PURPOSE"/ "Duplicate"

	I, daughter /son/wife of Shri							
	, Indian inhabitant, resident of							
do sol	emnly affirm and state as under: -							
1.	That, I was a bonofide student of							
	(College Name)							
	fromto I have Passed / appeared / failed first / final year							
	Examination from Maharashtra University Health Sciences, Nashik held in							
2.	I had completed Internship Training from to(if applicable).							
	I had leftCollege on							
3.	That, I require Migration Certificate from Maharashtra University Health Sciences,							
	Nashik for my further admission atCollege/University							
	in Course.							
4.	That, I have submitted my original/ first Transfer/Leaving certificate							
	to							
	college/ Institution. I had requested to return my Original Leaving/Transference							
	Certificate but thecollege has							
	refused to return it. Hence I am unable to submit my original/ first Leaving /							
	Transference Certificate to the University.							
5.	That, I am submitting Leaving / Transference certificate specifically marked with							
	"ISSUED ONLY FOR MIGRATION PURPOSE."/ "Duplicate". I assure you that I will not							
	misuse of my original / first Leaving / Transference Certificate & Migration Certificate							
	failing which Migration Certificate is liable to be cancelled by the University & liable to							
	punished as per law.							
	Whatever stated herein above is true and correct.							
	Whatever stated herein above is true and correcti							
Place:								
Date:	Name Signature of Candidate							
	itaine dignatare of Canalatte							